

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$74.00 for date of service, 09/18/01.
- b. The request was received on 03/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Copies of the Medical Fee Guideline
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. Medical Record from the physician's visit dated 09/17/01
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/12/02. There is no response from the Requestor in the file nor is there a Carrier initial response in the file. A "No Response Found" from the Requestor is reflected in Exhibit I.
4. Notice of Additional Information submitted by the Requestor is reflected as Exhibit III of the Commission's case file even though no additional documentation from the Requestor was noted in the file..

III. PARTIES' POSITIONS

1. Requestor: Letter dated 03/25/02

“PER TWCC MEDICAL FEE GUIDELINES PAGE 31 SECTION 1 (A) (7) THE PHYSICAL THERAPY INITIAL EVALUATION IS LIMITED TO CODES 99202, 99203, OR 99204. THE CLAIM FOR THIS DATE OF SERVICE WAS FOR THE PHYSICAL THERAPY INITIAL EVALUATION AND BILLED ACCORDING TO TWCC GUIDELINES. THIS INFORMATION WAS PROVIDED TO THE CARRIER, ALONG WITH SUPPORTING DOCUMENTATION, ON THE REQUEST FOR RECONSIDERATION. HOWEVER, THE CARRIER AGAIN DENIED THE CLAIM AS THIS CODE NOT BEING PAYABLE.”

2. Respondent: Letter dated 07/10/02

“1. CPT code 99203 is an E&M code, as such it is subject to the ground rule requirements of I.A. p.7, which states, ‘New Patient: one who has not received any professional service from the doctor, or another specialist within the same group practice, within the past three years, and whose medical and administrative records need to be established.

2. Dr. ____, who submitted this dispute states, ‘...The licensed physical therapist who performed the evaluation is employed by me...’ (Exhibit 1)

3. (Carrier) believes the licensed physical therapist is ‘another specialist within the same group practice’ referred to in the ground rule referenced above.

4. Dr. ____ billed (Carrier) a new patient evaluation, CPT code 99204, on 9/17/01. (Exhibit 2)

5. Dr. ____ billing of CPT code 99204 on 9/17/01 presupposes that medical and administrative records existed on 9/17/01.

For these reasons (Carrier) argues its denial of payment for CPT code 99203 is appropriate and that Dr. ____ billing of the PT evaluation is inappropriate under the ground rule. As such, TMI cannot authorize payment for the disputed service.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/18/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$125.00 for services rendered on the date of service in dispute above.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above.

5. The Carrier's EOB denied reimbursement as "F - A NEW PATIENT E/M SERVICE IS NOT ALLOWED FOR PROVIDERS WITHIN THE SAME PRACTICE. PLEASE REFER TO PAGE 7 OF THE 04/01/96 MEDICAL FEE GUIDELINE FOR MORE INFORMATION."
6. The Carrier's retrospective review, dated 11/12/01, states "Continue to deny 99203 New patient office visit per Medical Fee Guidelines page 7, I, A; New patient: one who has not received any professional service from the doctor, or another specialist within the same group practice, within the past three years. A new patient office visit was reimbursed to the doctor at this facility on 09/17/01."
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/18/01	99203	\$125.00	\$0.00	F	\$74.00	MFG E/MGR (I) (VI); CPT Descriptor	The Provider did not submit physical therapy documentation to support services as billed. Therefore, no reimbursement is recommended.
Totals		\$125.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 22nd day of October 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt